

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | | | |
|---|---|-------------------------------------|--|---|--|--|--|
| NAME OF FILER California State Club Association | | | Date of This Filing <u>09/21/2020</u> | Date Stamp Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only | | |
| AREA CODE/PHONE NUMBER (661)310-7915 | I.D. NUMBER (if applicable) 1431644 | Report No. <u>11/3/20-34</u> | | | | | |
| STREET ADDRESS | | | | | | | |
| <table style="width:100%;"> <tr> <td style="width:33%;">CITY Newport Beach</td> <td style="width:33%;">STATE CA</td> <td style="width:33%;">ZIP CODE 92660</td> </tr> </table> | | | CITY Newport Beach | STATE CA | ZIP CODE 92660 | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Newport Beach | STATE CA | ZIP CODE 92660 | | | | | |
| | | | No. of Pages <u>2</u> | | | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

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| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Newport Beach | STATE CA | ZIP CODE 92660 | No. of Pages 2 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 09/21/2020 | California State Club Association Against Prop 15: NO to Higher Property Taxes Sacramento, CA 95814 ID# 1427119 | District 0 Increases funding for public schools, community colleges, and local government services by changing tax assessment of commercial and industrial property(15) Statewide | \$50,000.00 | 11/03/2020 |
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Reason for Amendment: